UCC FINANCING STATEMENT			2023-006778 Klamath County, Orego 08/09/2023 03:38:02 PM Fee: \$87.00	
FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)				
A. NAME & FRONCE OF CONTACT AT FIELD (optional)				
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
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Craft3	'		7	
PO Box 530233 Atlanta, GA 30353-0233				
I	1	- 40		
L	THE AB	OVE SPACE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (u				
name will not fit in line 1b, leave all of item 1 blank, check here	and provide the Individual Debtor information in item			
1a. ORGANIZATION'S NAME				
DR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Wilson	Meagan	Cano		1001111
tc. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT
14413 Highway 66	Klamath Falls	OR	97601	USA
			el	
Wilson	Benjamin	Dani		COLINIT
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	1
2c. MAILING ADDRESS 14413 Highway 66	Klamath Falls	STATE OR	97601	1
2c. MAILING ADDRESS 14413 Highway 66 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASS	Klamath Falls	STATE OR	97601	1
2c. MAILING ADDRESS 14413 Highway 66 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASS	Klamath Falls SIGNOR SECURED PARTY): Provide only one Secured	STATE OR d Parly name (3a or 3	POSTAL CODE 97601	USA
2c. MAILING ADDRESS 14413 Highway 66 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASS	Klamath Falls	STATE OR d Parly name (3a or 3	97601	1
2c. MAILING ADDRESS 14413 Highway 66 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASS	Klamath Falls SIGNOR SECURED PARTY): Provide only one Secured	STATE OR d Parly name (3a or 3	POSTAL CODE 97601	USA
2c. MAILING ADDRESS 14413 Highway 66 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASS	Klamath Falls SIGNOR SECURED PARTY): Provide only one Secured FIRST PERSONAL NAME	STATE OR d Party name (3a or 3)	POSTAL CODE 97601	SUFFIX
2c. MAILING ADDRESS 14413 Highway 66 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASS	CITY Klamath Falls SIGNOR SECURED PARTY): Provide only one Secured FIRST PERSONAL NAME CITY Astoria	STATE OR d Party name (3a or 3) ADDITIO	POSTAL CODE 97601 NAL NAME(S)/INITIAL(S) POSTAL CODE	SUFF
2c. MAILING ADDRESS 14413 Highway 66 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASS	FIRST PERSONAL NAME CITY Astoria Astoria Astoria Astoria Astoria CITY Astoria	STATE OR ADDITION STATE OR	POSTAL CODE 97601 NAL NAME(S)/INITIAL(S) POSTAL CODE 97103	SUFFIX
2c. MAILING ADDRESS 14413 Highway 66 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASS	FIRST PERSONAL NAME CITY Astoria Astoria Astoria Astoria Astoria CITY Astoria	STATE OR ADDITION STATE OR 01 BLOCK 2, LO	POSTAL CODE 97601 PAL NAME(S)/INITIAL(S) POSTAL CODE 97103 OT 11	SUFFIX COUNT USA
2c. MAILING ADDRESS 14413 Highway 66 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASS	Klamath Falls SIGNOR SECURED PARTY): Provide only one Secure FIRST PERSONAL NAME CITY Astoria Interal: Inhway 66, Klamath Falls, OR 9760 ILLSIDE ACRES 1ST ADDITION, Inteld in a Trust (see UCC1Ad, item 17 and Instructions)	ADDITION STATE OR ADDITION STATE OR O1 BLOCK 2, LO Deing administe 6b. Check only	POSTAL CODE 97601 NAL NAME(S)/INITIAL(S) POSTAL CODE 97103 OT 11	SUFFIX COUNTUSA All Represe one box:

Finastra 555 SW Morrison, Suite 300, Portland, OR 97204-1440

EP-26965

UCC FINANCING STATEMENT ADDENDUM

FOL	LOW INSTRUCTIONS					
	IAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if ecause Individual Debtor name did not fit, check here	f line 1b was left blank				
	9a. ORGANIZATION'S NAME					
OR	9b. INDIVIDUAL'S SURNAME					
	Wilson					
	FIRST PERSONAL NAME				_ //	
	Meagan			1		
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	46 1		A 3	
	Candace				IS FOR FILING OFFICE	
10.	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of do not omit, modify, or abbreviate any part of the Debtor's name) and enter the r		line 1b or 2b of the F	inancing 5	Statement (Form UCC1) (use	e exact, full name
	10a. ORGANIZATION'S NAME	maining address in line 100	-			
		//		•		
OR	10b. INDIVIDUAL'S SURNAME		. 1	7		
	Wilson	E . 6. 1	l J			
	INDIVIDUAL'S FIRST PERSONAL NAME					
	Meagan	$\Delta \lambda$				
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C	C 7 7	-		- 4	SUFFIX
10c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
	4413 Highway 66	Klamath Falls		OR	97601	
11.		OR SECURED PARTY	S NAME: Provide o	only one na		
	11a. ORGANIZATION'S NAME	1				
OR	11b. INDIVIDUAL'S SURNAME	FIDOT DEDCOMAL MAME		TADDITIC	NIAL NAME(O)(INITIAL(O)	CHEEN
	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11c.	MAILING ADDRESS	CITY	77	STATE	POSTAL CODE	COUNTRY
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):			1		
		//				
		- 27				
		- 10				
		. //				
	`					
13.	X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATE				
15.	Name and address of a RECORD OWNER of real estate described in item 16	covers timber to be of 16. Description of real estate		extracted of	collateral X is filed as a	a fixture filing
	if Debtor does not have a record interest):	Lot 11, Block 2 of	of TRACT No.			
HILLSIDE ACRES, according to the offic						
		in the office of t				ity, Oregor
		Assessor's Parc	ei Number: i	R4992	59.	
17.	MISCELLANEOUS:	•				
R	eniamin D Wilson					